



State of North Carolina
Department of Health and Human Services
Division of Health Service Regulation

Water Vehicle Inspection Report

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____ Provider #: _____

System Affiliation: _____ EMS System _____ Model _____ System Name: _____

VEHICLE INFORMATION

Current Permit #: _____ Vessel Reg. #: _____ Year: _____ Make: _____

Vehicle Type: _____ Assigned Vehicle Number: _____ Fuel Type: _____ Gas _____ Diesel _____

Proposed Operational Level: _____ EMT _____ EMT-Intermediate _____ EMT-Paramedic _____ Purpose of Inspection: _____ Permitting _____ Compliance _____

PERMITTING INSPECTION

LEVEL SPECIFIC INSPECTION

Water Vehicle Inspection Section A: Mandatory Items

- ____ Vehicle Body & Function
- ____ Emergency Lighting System
- ____ Emergency Siren
- ____ Marine Radio
- ____ Lighted Compass
- ____ Appropriate Patient Care Area
- ____ Floatable Litter w/pt Straps & Secured
- ____ Portable O2 Cylinder
- ____ O2 Regulator w/ adult & Pedi Mask
- ____ Portable suction device w/ tubing
- ____ Adult BV w/mask & tubing
- ____ Pedi BV w/ child & Infant mask plus tubing
- ____ External Defibrillator
- ____ Adult BP Cuff

Missing any items in Section A results in
Summary Suspension or refusal of permit

Section B: Five Point Deduction Items

- ____ Exterior Cleanliness
- ____ Mounted Fire Extinguisher
- ____ Flashlight w/ extra batteries
- ____ 2 - Floatable Long Backboards
- ____ Backboard Straps
- ____ Backboard head blocks
- ____ Adult & Pedi size C-collars
- ____ Adult Spinal Extrication device
- ____ Pedi Immobilization device
- ____ Adult Femur Traction Splint
- ____ Splints (Upper & Lower)
- ____ Patient Area Lighting
- ____ Interior Cleanliness
- ____ OPA's (Adult & Pedi size)
- ____ Adult Nasal Cannula
- ____ Adult & Pedi Soft Suction catheter
- ____ Rigid Suction device
- ____ Sterile Saline Solution
- ____ Adult Stethoscope
- ____ Child BP Cuff
- ____ Infant BP Cuff
- ____ Sterile OB Kit
- ____ Masks
- ____ Pass
- ____ Eye Protection
- ____ Jump Suit / gown
- ____ Shoe Covers
- ____ Disinfecting Hand Wash
- ____ Disposable Bio Trash Bags
- ____ Sharps Container
- ____ Non-Sterile Gloves

Section B Continued:

- ____ Latex Free Equip. or Latex Free Kit
- ____ Burn Kit
- ____ Cold Pack
- ____ Broselow Tape
- ____ Car Seat Avail. To restrain < 20 lbs pedi
- ____ Water Navigation Equipment

Section C: One Point Deduction Items

- ____ Provider Name Displayed on each side
- ____ Equipment Secured
- ____ Nonporous Pillow w/ cover
- ____ Sheet
- ____ Blanket
- ____ Occlusive Dressing
- ____ Dressing
- ____ Bandages
- ____ Roll Gauze
- ____ Heavy Duty Scissors
- ____ Tape
- ____ Alcohol Wipes
- ____ Lubricating Jelly
- ____ NPA
- ____ Bulb Syringe
- ____ Triage Tags
- ____ Urinal
- ____ Bed Pan
- ____ Emesis Basin

Water Vehicle Scoring

Section B: _____ X 5pts = _____

Section C: _____ X 1pts = _____

Total Score B & C: _____

Less than 40 points = Satisfactory

Greater than 40 points = Unsatisfactory

Section A or greater than 100 points = Summary
Suspension or refusal of approval

____ Deficiencies corrected during
Inspection

Inspection Results

____ Pass

Permit #: _____

Expiration: _____

Failed: _____ Refusal of Permit

____ Failed - Temporary

____ Failed - Summary Suspension

EMT-I Inspection (in addition to WVI)

Section D: Mandatory Items

- ____ ET Blades (Adult & Pedi)
- ____ ET Handles w/ extra batteries
- ____ Adult ET tubes
- ____ Pedi ET tubes (2.5 - 6.5mm)
- ____ ET Tube stylette
- ____ ET placement device
- ____ Alternative airway device
- ____ IV administration drip set
- ____ IV catheters

EMT-I Model Requirements

- ____ Cellular phone
- ____ Pulse Oximeter
- ____ Non-steroidal anti-inflammatory
- ____ Supplies in date / temp controlled

Section E: Fifteen Point Deduction

- ____ Albuterol
- ____ Aspirin
- ____ Crystalloid solution
- ____ Diphenhydramine
- ____ Epinephrine
- ____ Glucagon
- ____ Glucose solution
- ____ Narcotic antagonist
- ____ Nasal spray decongestant
- ____ Nitroglycerin
- ____ Nebulizer
- ____ IV arm board
- ____ IV start kit
- ____ IV pole or hook
- ____ Magill forceps
- ____ Glucose measurement

EMT-I Scoring

Total points Section B & C = _____

Section E: _____ X 15pts = _____

Total Score: _____

Section D or greater than 40 points =
refusal of approval

____ Deficiencies corrected during
Inspection

Inspection Results

____ Approved _____ Not Approved

EMT-P Inspection (in addition to WVI and EMT-I)

Section F: Mandatory Items

- ____ Monitor / Defib / Pacer
- ____ Monitor acces. (Ad & Pedi)
- ____ Pediatric IO
- ____ EMT-P Model Requirements
- ____ Monitor w/ 12-lead
- ____ Ad. & Pedi nasogastric tubes
- ____ Hypothermic thermometer
- ____ Anti-emetic
- ____ Beta blocker/Calcium Ch. Blocker
- ____ Phenothiazine
- ____ Magnesium Sulfate
- ____ Steroid preparation

Section G: Fifteen Point Deduction

- ____ Adenosine
- ____ Amiodarone or Lidocaine
- ____ Atropine
- ____ Benzodiazepine
- ____ Calcium Ch / Gluconate
- ____ Dopamine
- ____ Furosemide
- ____ Narcotic analgesic
- ____ Sodium Bicarb.

EMT-P Scoring

Total points Section B, C & E = _____

Section D & G: _____ X 15pts = _____

Total Score: _____

Section A, D, F or greater than 40 points =
refusal of approval

____ Deficiencies corrected during
Inspection

Inspection Results

____ Approved _____ Not Approved

Comments: _____

Inspector: _____

NCOEMS Water Vehicle Inspection Report, Effective August 1, 2005 Rev. 1/30/08

Compliance Inspection:

Type: _____ Ramp _____ Spot _____ Provider Audit

Personnel: _____ Level: _____

#1: _____

#2: _____

DHHS/DHSR/EMS 4910